

1. CIR./DIST./DIV. CODE CAE		2. PERSON REPRESENTED Baher, Omid		3. COURT DKT. NUMBER 5:04-002030-001																																																																																																																			
3. MAG. DKT./DEF. NUMBER 5:04-002030-001		4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER																																																																																																																			
7. IN CASE/MATTER OF (Case Name) U.S. v. Baher		8. PAYMENT CATEGORY Petty Offense		9. TYPE PERSON REPRESENTED Adult Defendant																																																																																																																			
				10. REPRESENTATION TYPE (See Instructions) Probation Revocation																																																																																																																			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 13-4999. P -- FRAUD, OTHER																																																																																																																							
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS White, Cynthia L. 777 Rosamond Blvd. Rosamond CA 93560 Telephone Number: (661) 256-1166			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interest of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) Signature of Presiding Judicial Officer or By Order of the Court: <i>[Signature]</i> 12/03/2004 Nunc Pro Tunc Date: _____ Date of Order: 9/1/2005 Repayment or partial repayment ordered from the person is prescribed for this service at time of appointment: <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																				
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)																																																																																																																							
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22. CLAIM STATUS <input checked="" type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth & correctness of the above statements. Signature of Attorney: <i>[Signature]</i> Date: 9-8-05																																																																																																																							
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SEP 06 2005

SEP 14 2005

Case Name U.S. v. Omid Baher
Case Number 5:04mj2030

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In-Court Worksheet

Date	Brief Description of Service	Arraignment and/or plea	Bail/Detention Hearing	Motion Hearing	Trial	Sentencing Hearings	Revocations Hearings	Appeals Court	Proof of Compliance
2/8/2005	EAFFB Court Appearance	0.9							
3/8/2005	EAFFB Court Appearance						1.0		
Page Total		0.9	0.0	0.0	0.0	0.0	1.0	0.0	0.0
Grand Total		1.9							

Sub